

**CONTROLLER-TREASURER DEPARTMENT
AUTHORIZED TRANSACTIONS SIGNATURE CARD**

Effective Date: **July 1, 2022** Expiry Date: **June 30, 2023**

Department/
School/District: _____

Fund Number(s): _____

Cost Center(s) (if applicable): _____

Check Applicable Box: Payment Authorization Affidavits of Deposit
 Journal Entry All Accounting Documents
 Restrictions, if any (Please specify) _____

_____ Printed Name	_____ Signature	_____ Email	_____ Phone Number
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_____ Printed Name	_____ Signature	_____ Email	_____ Phone Number
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_____ Printed Name	_____ Signature	_____ Email	_____ Phone Number
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Approved by:

_____ Agency/Department Head	_____ Signature	_____ Email	_____ Date
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